Administration for Children and Families

Office of Head Start

National Center on Health
HHS-2011-ACF-OHS-HC-0190
Application Due Date: 07/06/2011

National Center on Health

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Department of Health & Human Services
Administration for Children & Families

Program Office:	Office of Head Start
Funding Opportunity Title:	National Center on Health
Announcement Type:	Initial
Funding Opportunity Number:	HHS-2011-ACF-OHS-HC-0190
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Due Date for Applications:	**07/06/2011**
Executive Summary:	

The Administration for Children and Families (ACF), Office of Head Start (OHS) announces the availability of funds for a National Center on Health (the Center). Approximately $3 million per year for a project period of up to four years is available. The goal of the Center is to provide an innovative vehicle for the dissemination of clear, consistent messaging from OHS about expectations and priorities for Head Start (HS) and Early Head Start (EHS) agencies and their partners to develop and implement practices using the best available evidence in the areas of health; nutrition; health promotion; disease prevention; access to medical and dental care; mental wellness for staff, children, and families; safe environments; health literacy; emergency preparedness; oral health; and overweight and obesity prevention.

The Center will showcase evidence-based practices that ensure all HS/EHS agencies have access to the same level of high-quality information, training and technical assistance (T/TA) in order to produce the best possible outcomes for children. Evidence-based practices are defined as those that have a strong level of empirical evidence of effectiveness in the field for the purpose the HS program is trying to achieve and the population for which it is trying to achieve that purpose.

The Center will focus on health, oral health, mental health, and nutrition for pregnant women and children birth to five as well as their families. The information and materials will be available to HS/EHS agencies as well as to others involved in early care and education programs. The Center will work collaboratively and cooperatively with the other five OHS National Centers, State T/TA Centers, the Office of Child Care (OCC), and the Maternal, Infant, and Early Childhood Home Visiting Program to ensure there is a direct and measurable benefit to children and families enrolled in HS. The Center will also assist organizations to implement and enhance the infrastructure necessary to support a well-managed system of health services at the State level, such that those services are of increased quality, accessibility, and benefit to HS families.

I. Funding Opportunity Description

Statutory Authority

Funding is authorized by Section 648 of the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. § 9843.

Description

Program Background and Purpose

Maximizing the health and developmental potential of children and families in the United States is an urgent priority. Effective disease prevention, along with promotion of healthy development and wellness, are essential for school readiness and productive, happy lives. Best achieved with well-coordinated efforts starting early in the life course, prevention and health promotion activities with linkages to health services can be delivered anywhere children and families spend time: in the home, communities, and a range of early care and education settings serving children such as child care, HS, home visiting, and after school programs. These points of contact are essential intervention and distribution channels to consider when planning prevention and health promotion strategies.

Within the Department of Health and Human Services (HHS), ACF has administrative responsibility for major programs and funding streams that serve young children and their families nationwide. Specifically, HS serves preschool aged children, birth to five years, and their families from low income populations with the multidimensional goal of promoting social competence. With this in mind, one basic component of a comprehensive HS program includes health assessments for children, as well as health education for both children and their families. In the early days of the program, many children who had never seen a physician before received immunizations, as well as physical, psychological, and dental exams.

Performance standards were mandated in 1975 to provide guidance for each of the major program components of HS including Education, Parent Involvement, Social Services, and Health. Specifically, each HS program was to provide comprehensive health services to best support each child in achieving optimal physical, emotional, cognitive, and social development. Preventative health and early intervention services were also to be provided, in addition to assisting families with cultivating the skills, knowledge, and connections needed to continue health and developmental services after leaving the HS program.

To continue in the promotion of positive, sustained outcomes for HS/EHS children and families across all service areas, OHS supports a national T/TA System that consists of the following three components:

- **National Centers** form the cornerstone of Head Start's T/TA System. The National Center on Health will join five other National Centers that, taken together, provide OHS with the ability to articulate consistent priorities and disseminate high quality and appropriate resources and support across regions, States, and local HS agencies. The T/TA, information, and materials provided via these National Centers will be reflective of current research and best practices. This Center will work collaboratively and in close communication with the other five Centers which are:

  - National Center on Parent, Family and Community Engagement
  - National Center on Quality Teaching and Learning
  - National Center on Program Management and Fiscal Operations
  - National Center on Cultural and Linguistic Responsiveness
  - Early Head Start National Research Center

State/Regional Training and Technical Assistance Centers, known collectively as the T/TA Network, continue and extend the work of OHS and the National Centers by targeting work to individual grantees and groups of grantees within each State. The T/TA Center in each State is staffed by Early Childhood Education (ECE) Specialists whose work focuses on T/TA related to early childhood teaching and learning. In addition, State T/TA Centers in States where a Regional Office is located are staffed by Grantee Specialists who are deployed throughout the Region to work with grantees with deficiencies identified through Federal Monitoring Reviews and/or grantees with problems identified through Risk Management Meetings, Program Information Reports (PIR), audits, and other data submitted to and reviewed by OHS. All State T/TA Center staff receive guidance, training, technical assistance, and training materials from the National Centers, a strategy designed to ensure consistency across States.

Direct Funding to Programs accounts for approximately half of all T/TA dollars allocated to HS. Programs have the discretion to use this money to establish agreements with community experts, institutions of higher education, or private consultants in order to make program improvements identified by the agency.

The overall goal of the OHS National T/TA System is to create a seamless system of high-quality support for local programs. The goal of the National Center on Health, in specific, is to support the implementation of the Head Start Program Performance Standards that require all HS/EHS agencies to implement a comprehensive health program that includes health, oral health, mental health, and nutrition with a focus on health promotion, disease prevention, and early intervention. Agency health programs must include the following components: a determination of children's current health status; screening for developmental, sensory, and behavioral concerns; prenatal care for families in EHS; practices that ensure children remain healthy throughout their time in HS/EHS; communication between staff and parents; consideration of health and safety issues; provision of nutrition service; and the provision of individualized health services.

The Head Start Program Performance Standards also require agencies formally assign management functions for the provision of these service areas, that health services be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. Supported by a nutritionist, mental health professional, and disabilities specialist, the HS health manager oversees medical, dental, and mental health, as well as nutrition services. The health staff acts as brokers that support parents when working with community health centers, clinics, and private providers in serving children. The staff seeks to ease the financial, geographic, institutional, and cultural barriers often intimidating to low-income parents. In addition, they facilitate connections with Federal programs such as Women, Infants, and Children (WIC); Medicaid; and Temporary Assistance for Needy Families (TANF). The goal is for parents to become empowered to manage their family health needs after leaving the program.

The Head Start Program Performance Standards also require HS and grantee agencies to have a Health Services Advisory Committee (HSAC) that brings together staff, parents, and local health care providers to discuss the planning, operation, and evaluation of the health services in each HS program. The HSAC provides technical expertise to the program in all health services areas and determines how to best meet the needs of children and families in its community.

Priority Area

National Center on Health

Description

The Center will showcase key research-based strategies related to health, mental health, oral health, and nutrition, emphasizing the integration of prevention, health promotion, and access to health services into early childhood programs. The Center will develop and disseminate targeted T/TA strategies to health managers, teachers, home visitors, family service workers and other staff who have direct and/or indirect contact with children and families to support them in their ongoing work in meeting the requirements of the *Head Start Program Performance Standards*. Strategies developed by the Center will be appropriate for linguistically and culturally diverse groups of parents and children in order to ensure that all families have access to high quality health, oral health, mental health, nutrition, and services. The overall goal is to provide T/TA to programs that results in improved health for enrolled children.

Applicants should review the Head Start Act, 42 U.S.C. § 9831 et seq; the Head Start Program Performance Standards, 45 C.F.R. Part 1304; and the Head Start Child Development and Early Learning Framework. These are available on the OHS website, The Early Childhood Learning and Knowledge Center (ECLKC) that is located at http://eclkc.ohs.acf.hhs.gov/hslc.

The Center's work must reflect Head Start's commitment to the effective inclusion of children with

disabilities and to promoting collaboration with agencies at the State and local level responsible for implementing the Individuals with Disabilities Education Act (IDEA).

Applicants should consider available research and HS and other data sources that reflect enrolled children and families. One of the Center's key roles will be the continual review of research and data to inform the development of priorities and recommendations. For example, it is well known that over a third of children in HS are overweight or obese. The Center might review available data to learn about geographic, age, family or other patterns. Additionally, they would conduct a review of current research literature to determine the most promising research-based prevent,ion and intervention approaches, explore the application of these with HS and make recommendations to OHS about resulting training and technical assistance.

Priority Areas for Initial Stages of the Grant

1. Healthy Nutrition, Physical Activity and Overweight/Obesity Prevention:

Experts have warned that if the epidemic of childhood obesity is not addressed , children today can expect to live shorter lives than their parents. Preventing obesity and promoting healthy nutrition and physical activity are national priorities, reflected by several initiatives at the Federal level, such as the First Lady's "Let's Move!" pledge to solve the challenge of childhood obesity in a generation, along with numerous programs at the Centers for Disease Control and Prevention (CDC), and a host of work going on at the State and local levels throughout the country. Current programs within ACF include Head Start's *I Am Moving, I Am Learning*, designed to incorporate physical activity and motor development into classroom curricula. These initiatives have developed in response to alarming national trends in childhood obesity, with 17 percent of children age 2-19 considered to be obese in 2007-2008, compared to 5 percent in 1976-1980. Overall in 2007-2008, 31.7 percent of children age 2-19 were overweight or obese. Children who are overweight or obese are more likely to become overweight and obese adults, and are more likely to develop obesity-related illness such as Type II diabetes. Preventing these adverse outcomes is possible when parents make healthy choices prior to children's birth, children are born healthy, learn healthy habits from an early age, and grow up with healthy adult models in their care environments. Early childhood programs such as HS have tremendous potential to reach children and families by delivering important health messages and supporting healthy habits of nutrition, physical activity, and limited screen time. The Center will be asked to help Head Start move forward in better integrating evidence-based practices addressing healthy nutrition, physical activity, and prevention of overweight/obesity.

2. Developmental and Behavioral Services:

Developmental and behavioral challenges are common in young children. While an estimated 12-17 percent of children in the United States have diagnosed developmental or behavioral conditions, parents report having concerns about their children's development or behavior for as many as 30-40 percent of young children. These concerns are associated with lower scores on developmental assessments, as well as later behavior problems and lower academic achievement, making missed opportunities for early detection and intervention costly. The American Academy of Pediatrics (AAP) recommends that health providers screen and monitor children for developmental risks and delays, but many studies have shown that child health providers in general do an inadequate job of developmental screening and likely under-identify children who should receive early intervention. National efforts, including the CDC's "Learn the Signs. Act Early" campaign, or the Commonwealth Fund's statewide "Assuring Better Child Health and Development (ABCD)" initiatives, and the AAP's strategic priorities such as the formation of an Early Brain and Child Development advisory council, along with numerous efforts to implement quality improvements at the local community and medical practice levels, all reflect a growing national interest in improving ways to address developmental and behavioral concerns.

High-quality early care and education settings such as HS/EHS are key intervention opportunities to support children with developmental and behavioral risks, and may also be important additional venues for early detection, referrals to intervention services, and coordination of those services. Because children

spend many hours each week in HS/EHS settings, they may be more natural environments than clinical settings to observe children's development and behavior, and in fact are often the first places where concerns are identified. 45 C.F.R. § 1308.6(b)(1) requires that Head Start programs complete a number of health and developmental screenings for all children within 45 days of enrollment while section 640(d) of the Head Start Act, 42 U.S.C. §, 9835(d) requires that programs serve children with special needs who must make up at least 10 percent of enrolled children. For children with concerns identified during the screening process, Head Start facilitates access to evaluation and intervention services. This comprehensive role in providing developmental-behavioral screening and services distinguishes HS as a model among federally funded early care and education programs.

Creating opportunities to expand, improve, and implement novel early childhood developmental and behavioral services in HS/EHS in conjunction with other HHS agencies and outside partners interested in early childhood development and behavior will require a number of strategic approaches, again leveraging a range of resources and partnerships, and will be something the Center will be challenged to do.

3. Injury Prevention:

Every day in the United States, about twenty children die from a preventable injury--more than die from all diseases combined. On average, this amounts each year to 12,175 deaths of children 0 to 19 years of age from an unintentional injury, with drowning, suffocation, and transportation-related being the most common types of fatalities. This number is dwarfed by the estimated 9.2 million nonfatal injuries among children 0 to 19 years of age per year, with falls and impact injuries as the most common.These injuries requiring medical attention or resulting in restricted activity cost $17 billion annually in medical costs. Unlike other killers of young children, children's injuries can be prevented when adults are informed and vigilant. Injuries do not strike all children equally; one study indicated that playgrounds in low-income areas of New York City had more maintenance-related hazards than playgrounds in high-income areas, such as significantly more trash, rusty play equipment, and damaged fall surfaces. Some States have responded by including injury prevention topics in professional development activities for child care providers, as HS already has. Better integration of health and safety professionals with HS/EHS settings can heighten the awareness about unintentional injuries and preventive strategies for children.

Tragically, many child injuries are not accidental, but result from abuse and neglect. Again, such harm to children is preventable, and HS/EHS programs have an important role in identifying and reporting suspected child maltreatment, but also in strengthening vulnerable families by promoting protective factors. The Center for the Study of Social Policy has developed an outline and framework for strengthening families based on five protective factors:

- Parental resilience;
- Social connections;
- Knowledge of parenting and child development;
- Concrete support in times of need; and
- Social and emotional competence of children.

Early childhood programs such as HS have the potential to foster these protective factors. At the Federal level, the Administration on Children, Youth and Families (ACYF) is closely connected with child protection policy and systems across the United States (US), and has been integral in planning early childhood programs that are aligned with the strengthening families framework. The Center's ability to identify and engage additional partners will be important to improve integration of injury prevention within HS/EHS and the broader early childhood community systems going forward.

4. Health Literacy:

Health literacy serves as a key link between health information, knowledge, and access to health services. Health information is vast and often confusing; the health system is difficult to navigate even under the best of circumstances. For low-income families, first-time parents, families experiencing a range of stressors, and families not as familiar with the dominant language, culture, and systems of the US,

understanding health information and knowing how to act on it present significant challenges. Low health literacy may contribute to unnecessary utilization of health services, especially emergency rooms. Connecting families with young children to health literacy resources through early childhood programs has the potential to empower parents, enhance confidence and self-esteem, and lower medical costs due to inappropriate use of services.

5. Oral Health and Dental Homes:

The Centers for Disease Control and Prevention (CDC) report dental caries as one of the most prevalent sources of infectious disease among children, especially among low-income populations. The American Academy of Pediatrics (AAP) promotes the maintenance of good oral hygiene, use of systemic and topical fluoride, and elimination of chronic exposure to simple sugars. In order to maintain good oral hygiene, high quality dental homes are needed to facilitate access to comprehensive and well-coordinated oral health services, and ideally include linkages with early learning and development programs. Derived from the concept of a medical home, a dental home is the result of a coordinated approach to oral health care due to consistent involvement of the patients, parents, non-dental profes-sionals, and dental professionals. Children who have access to dental homes are more likely to receive appropriate preventative and routine oral health care. Partnerships with other HHS agencies facilitated by the Center including the Health Resources and Services Administration (HRSA), the Maternal and Child Health Bureau (MCHB), the Center for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ), along with non federal partners, will be required to bring these outcomes to more HS/EHS children.

6. Asthma Prevention with Special Emphasis on Tobacco Exposure Prevention:

Asthma may not only cause discomfort but also limit play, educational, and physical activities. Sadly, approximately 7.1 million of America's children have asthma. Low-income populations, minorities, and children living in inner cities experience higher rates of emergency department visits, hospitalizations, and deaths due to asthma than the general population. There are many access points for public health intervention as asthma is exacerbated by dust mites, furred and feathered animals, certain molds, chemicals, and strong odors in both home and early education environments. Tobacco smoke is a particular hazard for young children. As stated in the Surgeon General's Report on involuntary exposure to secondhand smoke, there is no risk-free level of exposure to secondhand smoke with even small amounts of secondhand smoke exposure being harmful to health. The Center can be pivotal in addressing HHS's Tobacco Control Action Plan aim to enhance outreach to pregnant women and parents of small children and reduce the number of children exposed to secondhand smoke in homes and cars. Beyond that, maintaining current and creating new coordinated prevention activities and partnerships with other HHS agencies facilitated by the Center, including HRSA and CDC, along with Federal partners such as the Environmental Protection Agency and nonfederal partners, will be essential in providing HS/EHS children with more sustained asthma prevention and control efforts.

Requirements for Center

An applicant for this cooperative agreement should propose an approach that will lead to HS agencies' adoption and sustained use of research-based practices for promoting health, oral health, mental health, and nutrition. The degree of emphasis on possible topics within these areas will be specified, in partnership with OHS, in the cooperative agreement. The range of practices would include, but not be limited to:

- Creating a message consistent with OHS policies regarding the integration of prevention, health promotion, and access to health services into early childhood programs;
- Supporting HS/EHS agencies' full compliance with the Head Start Program Performance Standards, other applicable policies and regulations, and the provisions of The Improving Head Start for School Readiness Act of 2007;

- Developing collaborations with institutions of higher education, national professional organizations, State health systems and other experts in the field that could inform the development of resources and training materials that support the professional development of staff;
- Selecting and implementing research-based strategies and materials to improve the quality of agencies' supervision of staff who work directly and indirectly with families in the areas of health, oral health, mental health, and nutrition;
- Individualizing medical care and health programs to address the strengths and needs of each child, including children with identified chronic illnesses and disabilities;
- Establishing and maintaining local and State HSACs to serve as resources for HS/EHS agencies and other community providers serving low-income children and families;
- Identifying opportunities for teachers, teacher assistants, home visitors, and child care providers to acquire training needed for professional certification related to health;
- Collaborating with the elementary schools and health care providers that will serve children after preschool in order to promote seamless progression and prevent discontinuity of health, oral health, and mental health and nutrition services;
- Creating a tiered system of communication for health managers and relevant staff that would include grantee, State, and regional levels;
- Planning a national meeting of HS health managers to take place during the second year of this agreement;
- Identifying specific health-related outcome measures for the purpose of better targeting TA as well as assessing TA impact on health outcomes; and
- Using implementation and outcome data from HS/EHS programs to improve dissemination, collaboration, and implementation of Center activities.

Responsibilities of the Center

- The grantee will participate as a member of the National T/TA System, including attendance of key staff at four meetings per year in Washington, DC with OHS and representatives from the other National Centers.

    - The Center will participate in quarterly meetings of the Interagency Technical Assistance Leadership Committee that oversees the coordination and collaboration between the Child Care Technical Assistance Network (CCTAN) and the Office of Head Start's technical assistance system. The Interagency Technical Assistance Leadership Committee will include representation from both OHS and OCC-funded National Centers and will meet quarterly with OCC and OHS leadership for the purpose of planning an integrated approach to the work of the National Centers.
    - The budget should reflect travel funds for these purposes. Note that the annual meetings for up to four key members from each National Center should be budgeted for three days. The meetings of the National Center Advisory Committee should be budgeted for two days.

- The grantee will be responsible for completing all activities and tasks in accordance with the work plan described in grantee proposal.
- Within15 days of receiving the financial assistance award, key staff will meet with OHS and for the initial briefing regarding the plans for carrying out all components of this project.

    - Within 45 days of receiving the financial assistance award, any clarifications or revisions requested by OHS during the initial briefing should be submitted to OHS review and approval and any necessary revisions made to the work plan.

- The project should be fully functioning within 90 days following the financial assistance award.
- The grantee should provide to OHS for review and approval, drafts of all updated or new materials that are developed with resources made available under this cooperative agreement. Dissemination

and field test plans, where warranted, for such materials must also have prior approval. Approval for documents must be received prior to printing any materials.

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	$3,000,000
Expected Number of Awards:	1
Award Ceiling:	$3,000,000 Per Budget Period
Award Floor:	$2,800,000 Per Budget Period
Average Projected Award Amount:	$3,000,000 Per Budget Period

Length of Project Periods:
48-month project with four 12-month budget periods

Additional Information on Awards:
Awards made under this announcement are subject to the availability of Federal funds.

Description of ACF's Anticipated Substantial Involvement Under the Cooperative Agreement

ACF is utilizing a cooperative agreement which requires substantial involvement of the agency with the recipient. Details of the responsibilities, relationships, and governance of the cooperative agreement will be specified in the terms and conditions of the award. The specific responsibilities of OHS and the agency will be identified and agreed upon prior to the award of the cooperative agreement. OHS will provide consultation on all aspects of the Center. At a minimum, OHS will:

- Provide consultation, review,and approval of the work plan and any revisions made to the work plan during the project period;
- Provide guidance in the development of the project design;
- Facilitate communication and cooperation among the OHS, OCC, the other National Centers, ACF initiatives and programs; HHS initiatives and programs; and other early education and care organizations, as appropriate, to facilitate increased access to and quality of services provided to HS children and families;
- Facilitate communication with representatives of other Federal agencies in order to promote intraagency and interagency coordination and collaboration;
- Review and approve drafts of all updated or new materials that are developed or printed with resources made available under this cooperative agreement; and
- Review all resumes for key positions on the project, as well as for consultants proposed.

Please see *Section IV.5 Funding Restrictions* for any limitations on the use of grant funds awarded under this announcement.

III. Eligibility Information

III.1. Eligible Applicants

ACF seeks applications from organizations with demonstrated experience and expertise related to the teaching and learning of young children. The applicant should be able to translate research to practice for diverse organizations. Applicants may be non-profit, for-profit, or public agencies as well as Tribes and tribal organizations. The submission of applications from institutions of higher education and consortia of organizations is encouraged.

Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards made under this announcement.

Faith-based and community organizations that meet eligibility requirements are eligible to receive awards under this funding opportunity announcement.

See "Legal Status of Applicant Entity" in *Section IV.2* for documentation required to support eligibility.

III.2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

III.3. Other

Disqualification Factors
Applications with requests that exceed the ceiling on the amount of individual awards as stated in *Section II. Award Information,* will be deemed non-responsive and will not be considered for competitive review or funding under this announcement.

Applications that fail to satisfy the due date and time deadline requirements stated in *Section IV.3. Submission Dates and Times*, will be deemed non-responsive and will not be considered for competitive review or funding under this announcement.

See *Section IV.3. Submission Dates and Times* for disqualification information specific to electronically-submitted applications:

- Electronically-submitted applications that do not receive a date/time-stamp email indicating application submission on or before 4:30 p.m., eastern time, on the due date, will be disqualified and will not be considered for competitive review or funding under this announcement.

- Electronically-submitted applications that fail the checks and validations at www.Grants.gov because the Authorized Organization Representative (AOR) does not have a current registration at the Central Contractor Registry (CCR) at the time of application submission will be disqualified and will not be considered for competitive review or funding under this announcement.

Section IV. Application and Submission Information

IV.1. Address to Request Application Package
Standard Forms, assurances, and certifications are available at the ACF Funding Opportunities Forms webpage. Standard Forms are also available at the Grants.gov Forms Repository website.

Robin Brocato

Office of Head Start

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Email: OHS@luxcg.com

Federal Relay Service:
Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (**TTY** - Text Telephone or **ASCII** - American Standard Code For Information Interchange).

Section IV.2. Content and Form of Application Submission

Copies Required:

If applying in hard copy, applicants are required to submit one original and two copies of all application materials. **If applying electronically via www.Grants.gov**, applicants must submit one complete copy of the application package electronically. Applicants submitting electronic applications need not provide additional copies of their application materials.

Signatures:

The original signature of the Authorized Organization Representative (**AOR**) is required only on the original copy of hard copy application submissions. The AOR is named by the applicant, and is authorized to act for the applicant, to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to the grant application or awards. A point of contact on matters involving the application must also be identified on the SF-424 at item 8f. The point of contact, known as the Project Director or Principal Investigator, should not be identical to the person identified as the AOR.

Formatting Requirements:

All application materials for both hard copy (mailed or hand delivered) and electronic submissions must be submitted on 8 ½" x 11" white paper with 1-inch margins. **All pages of the application submission (hard and electronic copies) must be sequentially numbered.** Project Descriptions, narratives, summaries, etc., must be in double-spaced format in 12-point font. Hard copy application materials must be one-sided for duplication purposes. Hard copy application copies (original and two copies) must not be bound, they may be clipped or rubber-banded together.

If an application exceeds the cited page limitation for double-spaced pages in the application narrative or the double-spaced page limitation cited for the appendices and resumes, the extra pages will be removed and will not be reviewed. In addition, if an application narrative is single-spaced and/or one-and-a-half spaced (in whole or in part) the total number of these lines will be doubled. This adjustment may result in an increased total number of pages, which will be removed so that the application conforms to the cited double-spaced page limitation. **Page limitations do not include the required Standard Forms.**

This section also may include instructions on the order of assembly for hard copy (mailed or hand delivered) application submissions. Acceptable formats for applications submitted electronically via www.Grants.gov are MS-Word and Excel, Word Perfect, Adobe PDF, Jpeg and Gif.

Later in this section of the announcement, specific information on page limitations is provided.

Information on required Standard Forms and other forms, certifications and assurances, D-U-N-S Numbers and Central Contractor Registration (CCR) requirements, the project description, budget and budget justification requirements, and methods of application submission are also found later in this section (*Section IV.2.*).

A checklist of required application elements is available for applicants' use in *Section VIII. Additional Information*.

Additional Formatting Requirements:

The length of the narrative portion of the application must be limited to **75 pages** (including the abstract, budget and budget justification), with an additional limit of **50 pages** for all appendices and resumes. Numerical tables included as part of the narrative may be single-spaced. Some examples of research to practice dissemination products should be included in the appendices.

Each application should be submitted in the following order: SF-424, SF-P/PSL, SF-424A, SF-424B, Table of Contents, Project Abstract, Objectives and Need for Assistance, Approach, Organizational Capacity, and Budget and Budget Justification. Additional supporting documentation should be placed in the appendices. Assurances and Certifications may be placed after the appendices.

Each application will be duplicated. Therefore, please do not use or include colored paper, colored ink, separate covers, binders, clips, tabs, plastic inserts, over-sized paper, or any other items that cannot be easily duplicated on a photocopy machine with an automatic feed.

Forms, Assurances, and Certifications

Applicants seeking financial assistance under this announcement must submit the listed Standard Forms (SFs), assurances, and certifications. All required Standard Forms, assurances, and certifications are available at ACF Funding Opportunities Forms or at the Grants.gov Forms Repository unless specified otherwise.

Forms / Assurances / Certifications	Submission Requirement	Notes / Description
Certification Regarding Lobbying	Submission required of all applicants prior to award.	Required for all applications.
Central Contractor Registration (CCR)	Required for all applicants.	Required for all applicants.
DUNS Number (Universal Identifier)	Required for all applicants.	Required for all applicants.
Survey on Ensuring Equal Opportunity for Applicants	Submission is voluntary. Submission may be made with the application or prior award.	Non-profit private organizations (not including private universities) are encouraged to submit the survey with their applications. Submission of the survey is voluntary. Applicants applying electronically may submit the survey along with the application. Hard copy submissions should include the survey in a separate envelope.

SF-LLL - Disclosure of Lobbying Activities, if applicable	If applicable, submission is required prior to award.	If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant shall complete and submit the SF-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Applicants must furnish an executed copy of the Certification Regarding Lobbying prior to award.
SF-424A - Budget Information - Non-Construction Programs SF-424B - Assurances - Non-Construction Programs	Submission required for all applicants applying for a non-construction project by the application due date.	Required for all applications.
SF-424 - Application for Federal Assistance SF-P/PSL - Project/Performance Site Location(s)	Submission required for all applicants by the application due date.	Required for all applications.

The Pro-Children Act of 2001, 42 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

The Drug-Free Workplace Act of 1988, 42 U.S.C. 701 *et seq*., requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace. The recipient must notify the awarding office if an employee of the recipient is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. HHS implementing regulations are set forth in 45 C.F.R. part 82, "Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)."

The Certification Regarding Debarment, Suspension, and Other Responsibility Matters is available at http://www.acf.hhs.gov/grants/grants_resources.html.

By signing and submitting the application, applicants are making the appropriate certification of their compliance with all Federal statutes relating to nondiscrimination.

Additional information on certifications and assurances may be found in the HHS Grants Policy Statement at: http://www.acf.hhs.gov/grants/notices.html#policy.

DUNS Number and CCR Registration Requirements

DUNS Number Requirement

All applicants for grants and cooperative agreements must have a DUNS number (Data Universal Numbering System) at the time of application. A DUNS number is required whether an applicant is submitting a paper application or using the Government-wide electronic portal, www.Grants.gov.
  A DUNS number is required for every application for a new award or renewal/continuation of an award, including applications or plans under formula, entitlement, and block grant programs. A DUNS number may be acquired at no cost online at http://fedgov.dnb.com/webform. To acquire a DUNS number by phone, contact the D&B Government Customer Response Center:

U.S. and U.S Virgin Islands: 1-866-705-5711
Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then Option 1)
Monday - Friday 7 a.m. to 8 p.m., c.s.t.

The process to request a D-U-N-S® Number by telephone takes between 5 and 10 minutes.

Central Contractor Registration (CCR) Requirement

Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV) or receive subawards directly from recipients of those grant funds to:

- Be registered in the CCR prior to submitting an application of plan;
- Maintain an active CCR registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
- Provide its DUNS number in each application or plan it submits to the OPDIV.

An award cannot be made until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients (i.e., direct subrecipient) must have a DUNS number at the time the subaward is made

CCR registration may be made online at www.ccr.gov or by phone at 1-866-606-8220.

There is the possibility of heavy traffic at the CCR website at application due dates. Therefore, applicants are strongly encouraged to register at the CCR well in advance of the application due date. CCR registration must be updated annually. CCR registration must be active and maintained with current information at all times during which an organization has an active award or an application under consideration.

Definitions:

Central Contractor Registration (CCR): The Federal registrant database and repository into which an entity must provide information required for the conduct of business as a recipient. CCR, managed by the General Services Administration, collects, validates, stores, and disseminates data in support of agency financial assistance missions.

Data Universal Numbering System (DUNS) Number: The nine-digit, or thirteen-digit (DUNS + 4), number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities.

Entity:
Means all of the following:

- A Governmental organization, which is a State, local government, or Indian tribe;
- A foreign public entity:
- A domestic or foreign for-profit organization; and
- A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

Subaward: This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that the recipient awards to an eligible subrecipient.

- This term does not include the procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
- A subaward may be provided through any legal agreement, including an agreement that the grantee or a subrecipient consider to be a contract.

First Tier Subrecipient: An entity that receives a subaward from a prime grantee and is accountable to the prime for the use of the Federal funds provided by the subaward.

The Project Description

Part I: The Project Description Overview

The project description provides the majority of information by which an application is evaluated and ranked in competition with other applications for available assistance. The project description should be concise and complete. It should address the activity for which Federal funds are being requested. Supporting documents should be included where they can present information clearly and succinctly. In preparing the project description, information that is responsive to each of the requested evaluation criteria must be provided. Awarding offices use this and other information in making their funding recommendations. It is important, therefore, that this information be included in the application in a manner that is clear and complete.

General Expectations and Instructions

ACF is particularly interested in specific project descriptions that focus on outcomes and convey strategies for achieving intended performance. Project descriptions are evaluated on the basis of substance and measurable outcomes, not length. Extensive exhibits are not required. Cross-referencing should be used rather than repetition. Supporting information concerning activities that will not be directly funded by the grant or information that does not directly pertain to an integral part of the grant-funded activity should be placed in an appendix.

Part II: General Instructions for Preparing a Full Project Description

Introduction

Applicants that are required to submit a full project description shall prepare the project description statement in accordance with the following instructions while being aware of the specified evaluation criteria. The topics listed in this section provide a broad overview of what the project description should include while the Criteria in *Section V.1.* identify the measures that will be used to evaluate applications.

Table of Contents

List the contents of the application including corresponding page numbers.

Project Summary/Abstract

Provide a summary of the application's project description. The summary must be clear, accurate, concise, and without reference to other parts of the application. The abstract must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

Approach

Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished. Account for all functions or activities identified in the application. Cite factors that might accelerate or decelerate the work and state your reason for taking the proposed approach rather than others. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.

Provide quantitative monthly or quarterly projections of the accomplishments to be achieved for each function or activity in such terms as the number of people to be served and the number of activities accomplished. Data may be organized and presented as project tasks and subtasks with their corresponding timelines during the project period. For example, each project task could be assigned to a row in the first column of a grid. Then, a unit of time could be assigned to each subsequent column, beginning with the first unit (i.e., week, month, quarter) of the project and ending with the last. Shading, arrows, or other markings could be used across the applicable grid boxes or cells, representing units of time, to indicate the approximate duration and/or frequency of each task and its start and end dates within the project period.

When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.

Provide a list of organizations, cooperating entities, consultants, or other key individuals who will work on the project, along with a short description of the nature of their effort or contribution.

A successful proposal should include strategies designed to sustain practices beyond the length of this project. This should include a plan to provide products developed through this cooperative agreement for use of the ECLKC and other appropriate venues identified by OHS.

The most efficient use of resources requires the Center to implement an approach that will enhance and expand the use of resources available through the State T/TA Centers, the other five National Centers, and complement resources already available within States, local programs and their communities for program improvement and staff development.

The work of the Center will include the following:

1. Identify, review, develop, and disseminate research-based resources, including training materials that improve practice and are tailored to the diverse needs of HS, EHS, Migrant and Seasonal Programs, and American Indian/Alaska Native programs. Whenever possible, such resources should be developed to be usable by child care providers and other early educators within States who may be collaborating with HS organizations. Such resources should provide practical and authoritative information to reinforce key messages about health, mental health, oral health, and nutrition, emphasizing the integration of prevention, health promotion, home visiting services, health literacy, and access to health services into early childhood programs. The information should provide agencies with practical tools that can enhance the provision of high quality health services.

2. Coordinate and collaborate with the other National Centers, both those funded by OHS as well as those funded by OCC, and technical assistance activities across HHS to ensure the development and dissemination of a whole coherent message across Centers as well as HHS, such that it is beneficial to children and families enrolled in HS. This may include, but not be limited to collaborating with other National Centers and OHS and OCC to develop an ongoing communication system that assures the Center is fully briefed about the work of the other Centers and trainings or material developed by them; minimizing duplication of effort; teaming in the design and delivery of new materials; assuring the integration of systems and services; and serving as a national partner in a T/TA system that is easily accessible to HS/EHS programs and the early education and care community at large. More specifically, the Center is encouraged to identify experts across the National Centers to form workgroups focusing on specific topics.

3. Implement the Head Start Dental Home Initiative (DHI). The goal of the DHI is to ensure all HS/EHS children and families have access to a dental home, oral health examinations, and preventative dental care. Activities would build on previous OHS efforts in this area. Information on this work can be found on the OHS website, The Early Childhood Learning and Knowledge Center (ECLKC) by clicking on the following link: Early Childhood Learning and Knowledge Center

4. Review HS data and research on the health status of children in HS, identify health priorities that will inform the delivery of targeted T/TA and resource development, and develop benchmarks for tracking progress toward the achievement of identified priorities. The grantee will complete the review of existing data and research and identify health priorities within four months of award. The grantee will then identify benchmarks for improvement and track progress in achieving those benchmarks through the use of existing data sources such as the PIR and monitoring. Examples of priorities may include increasing the number of children with medical homes, reducing children's exposure to second hand smoke, or increasing the number of HS programs where children get a minimum of 30 to 60 minutes of moderate to vigorous activity during the program day. It is expected that the funding of this Center will result in measurable improvements in the health status of HS children.

4. Establish or support existing networks of HS/EHS Managers and HSACs. Head Start Health Managers and members of HSACs have extensive knowledge about the needs of and challenges faced by low-income children and families, health disparities, emerging health issues, and gaps in

local resources. By working together Health Managers and HSACs can resolve share strategies and resources that will result in improved service delivery at the local level. In this way they can promote healthy communities and raise awareness about the needs of low-income children and families at the State and regional level.

5. Work collaboratively with Maternal, Infant and Early Childhood Home Visiting grantees. In 2010, the Department of Health and Human Services allocated funds to support evidence-based home visiting programs focused on improving maternal and child health. Through the Maternal, Infant, and Early Childhood Home Visiting Program, nurses, social workers, or other professionals meet with at-risk families in their homes, evaluate the families' circumstances, and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn - such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance. Information on this program can be found by clicking on the following link: www.hrsa.gov

6. Conduct training at regional and national meetings for local HS staff and parents to promote the use of resources and practices that improve children's health, mental health, oral health, and nutrition. Such training would be done in collaboration with the other Centers, State and national organizations, as well as other early care and education training providers. Training conducted at these meetings will reflect OHS priorities as well as local program needs. All training conducted by the Center should promote the use of resources and practices that support the integration of prevention, health promotion, and access to health services into early childhood programs. The Center should, at a minimum, consider collaborating with relevant organizations to conduct training.

7. Provide opportunities for HS program staff to communicate with Center staff. This may include, but not be limited to, listening sessions conducted at meetings where Center staff will be conducting training, providing a toll-free number for program staff to use to get in touch with Center staff, and setting up discussion boards on workspaces on the ECLKC that program staff can use to communicate with Center staff.

8. Develop, maintain, and distribute current lists of highly qualified individual and organizational T/TA consultants to assist with program-requested T/TA that is beyond the scope of work of the Centers. This activity would include, but not be limited to, identifying potential consultants through rigorous vetting of candidates and developing and maintaining a database of qualified consultants and regional experts who are available to contract with program to provide T/TA in this area. These consultants would be expected to utilize, to the greatest extent possible, the training materials and information developed and/or recommended by the Centers. These individual and organizational consultants should have a proven track record of applying content knowledge, training, and consultation that is grounded in research-based children's health, mental health, oral health, and nutrition.

9. Maintain an Advisory Group to help guide the work of the Center. This group will be comprised of children's health, mental health, oral health, and nutrition experts who work in the field of early childhood education that will periodically review the work of the Center. The Advisory Group will ensure that Center staff and OHS are appropriately advised of any research that informs the work of the Center. The members of this group will meet quarterly.

The proposed approach should consider how the Center will:

- Select and apply criteria to choose the information to be disseminated and the practices to be recommended for adoption;
- Identify the types of materials, media, and information most likely to be useful to programs and T/TA providers;
- Solicit information from HS programs and T/TA providers on current program practices, needs for

information, and opportunities to positively influence programs teaching and learning practices;

- Disseminate information and promote adoption of effective practices in an approach that is coordinated with, and complementary of, efforts of the larger T/TA System;
- Build capacity within the State T/TA Centers for sustainable use of this Center's recommended resources and procedures for improving practice;
- Include approaches that establish or strengthen community-level capacities to improve practice (including work with local education agencies and institutions of higher education);
- Promote inclusive services for children with disabilities, strengthening programs' implementation of individualized service plans in HS settings;
- Address the cultural and linguistic diversity of the children and families served by HS and of the audiences for this Center's work; and
- Identify HS programs with exemplary practices and utilize their "lessons learned" in dissemination efforts.

The applicant should also consider how it will describe the Center's accomplishments, including:

- Tracking the type and numbers of programs, trainers, and local program staff impacted by the project;
- Describing how HS and community partners were able to adopt and sustain the use of training materials and practices;
- Describing the conditions associated with sustainable implementation of the training materials and methods;
- Defining, to the extent practicable, measurable outcomes of efforts; and
- Capturing participants' feedback about the usefulness of its T/TA services and materials in order to inform and improve the Center's efforts.

Legal Status of Applicant Entity

Applicants must provide the following documentation of their legal status:

Proof of Non-Profit Status

Non-profit organizations applying for funding are required to submit proof of their non-profit status. Proof of non-profit status is any one of the following:

- A reference to the applicant organization's listing in the IRS's most recent list of tax-exempt organizations described in the IRS Code.
- A copy of a currently valid IRS tax-exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.
- Any of the items in the subparagraphs immediately above for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

When applying electronically, proof of non-profit status may be submitted as an attachment; however, proof of non-profit status must be submitted prior to award.

Organizational Capacity

- Organizational charts
- Board of Directors
- Financial statements adhering to Generally Accepted Accounting Principles (GAAP)
- Audit reports or statements from Certified Public Accountants/Licensed Public Accountants
- Contact persons and telephone numbers
- Information on compliance with Federal/State/local government standards
- Documentation of experience in the program area

Provide a biographical sketch or resume for each key person appointed. Resumes should be no more than two pages in length. Job descriptions for each vacant key position should be included as well. As new key staff are appointed, biographical sketches or resumes will also be required.

Third-Party Agreements

Provide written and signed agreements between grantees and subgrantees, or subcontractors, or other cooperating entities. These agreements must detail the scope of work to be performed, work schedules, remuneration, and other terms and conditions that structure or define the relationship.

Letters Of Support

Provide statements from community, public, and commercial leaders that support the project proposed for funding. All submissions should be included in the application package or by the application deadline.

Budget and Budget Justification

Provide a budget with line-item detail and detailed calculations for each budget object class identified on the Budget Information Form (SF-424A or SF-424C). Detailed calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated. If matching is a requirement, include a breakout by the funding sources identified in Block 18 of the SF-424.

Provide a narrative budget justification for the first year of the proposed project. The narrative budget justification should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

General

Use the following guidelines for preparing the budget and budget justification. Both Federal and non-Federal resources (when required) shall be detailed and justified in the budget and budget narrative justification. "Federal resources" refers only to the ACF grant funds for which you are applying. "Non-Federal resources" are all other non-ACF Federal and non-Federal resources. It is suggested that budget amounts and computations be presented in a columnar format: first column, object class categories; second column, Federal budget; next column(s), non-Federal budget(s); and last column, total budget. The budget justification should be in a narrative form.

Personnel

Description: Costs of employee salaries and wages.

Justification: Identify the project director or principal investigator, if known at the time of application. For each staff person, provide: the title; time commitment to the project in months; time commitment to the project as a percentage or full-time equivalent; annual salary; grant salary; wage rates; etc. Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant.

Fringe Benefits

Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, taxes, etc.

Travel

Description: Costs of project-related travel by employees of the applicant organization. (This item does not include costs of consultant travel).

Justification: For each trip show: the total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used to travel out of town; and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key staff to attend ACF-sponsored workshops should be detailed in the budget.

Equipment

Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) $5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the organization's regular written accounting practices.)

Justification: For each type of equipment requested provide: a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use on the project; as well as use and/or disposal of the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition.

Supplies

Description: Costs of all tangible personal property other than that included under the Equipment category.

Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Other

Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: local travel; insurance; food; medical and dental costs (noncontractual); professional services costs; space and equipment rentals; printing and publication; computer use; training costs, such as tuition and stipends; staff development costs; and administrative costs.

Justification: Provide computations, a narrative description and a justification for each cost under this category.

Indirect Charges

Description: Total amount of indirect costs. This category should be used only when the applicant currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant Federal agency.

Justification: An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. If the applicant organization is in the process of initially developing or renegotiating a rate, upon notification that an award will be made, it should immediately develop a tentative indirect cost rate proposal based on its most recently completed fiscal year, in accordance with the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. When an indirect cost rate is requested, those costs included in the indirect cost pool should not be charged as direct costs to the grant. Also, if the applicant is requesting a rate that is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

Paperwork Reduction Disclaimer

As required by the Paperwork Reduction Act, 44 U.S.C. §§ 3501-3520, the public reporting burden for the Project Description is estimated to average 40 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection information. The Project Description information collection is approved under OMB control number 0970-0139, which expires 11/30/2012. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Application Submission Options

Electronic Submission via www.Grants.gov

- ACF will not accept applications via facsimile or email.
- The Funding Opportunity Announcement is found on the Grants.gov website at http://www.grants.gov where the electronic application can be downloaded for completion.
- To apply electronically, applicants must be registered with Grants.gov, Dun and Bradstreet (DUNS Number), and the Central Contractor Registry (CCR).
- All pages of the application package must be sequentially numbered.
- Electronically submitted applications must be received and time/date stamped by the due date and receipt time described in this announcement in *Section IV.3. Submission Dates and Times.*
- To submit an application through Grants.gov, the applicant must be the Authorized Organization Representative (AOR) for their organization and must have current registration with the Central Contractor Registry (CCR).
- **Central Contractor Registry (CCR) registration must be updated annually.** As of October 1, 2010, all applicants for Federal grants and cooperative agreements are required to have CCR registration.
- Electronically submitted applications will not pass the validation check at Grants.gov if the AOR does not have a current CCR registration and electronic signature credentials.
- Applications rejected by Grants.gov for an unregistered AOR will be disqualified and will not be considered for competition.
- Additional guidance on the submission of electronic applications can be found at the Grants.gov Registration Checklist.
- If difficulties are encountered in using Grants.gov, applicants must contact the Grants.gov Contact Center at:1-800-518-4726, or by email at support@grants.gov, to report the problem and obtain assistance. Hours of Operation: 24 hours a day, 7 days a week. The Grants.gov Contact Center is closed on Federal holidays.
- Applicants should retain Grants.gov Contact Center service ticket number(s) as they may be needed

for future reference.
- Applicants that submit their applications electronically should retain a hard copy of their application package.
- It is to an applicant's advantage to submit their applications at least 24 hours in advance of the closing date and time.
- Applicants should not wait until the due date for applications to begin submission of their application.

Contact with the Grants.gov Contact Center prior to the listed due date and time does not ensure acceptance of your application. If difficulties are encountered, ACF's Grants Management Officer (GMO) will make a determination whether the issues are due to Grants.gov system errors or user error.

Hard Copy Submission

Applicants that are submitting their applications in hard copy format, by mail or delivery, must submit one original and two copies of the complete application with all attachments. The original and each of the two copies must include all required forms, certifications, assurances, and appendices, be signed by the Authorized Organization Representative (AOR), and be unbound. The original copy of the application must have original signature(s). See *Section IV.6* of this announcement for address information for hard copy application submissions.

Applications submitted in hard copy must show a DUNS Number. A DUNS Number is a nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be acquired at no cost online at http://www.dnb.com. To acquire a DUNS number by phone, contact the D&B Government Customer Response Center:U.S. and U.S Virgin Islands: 1-866-705-5711; Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then Option 1). Monday through Friday 7 a.m. to 8 p.m., c.s.t.

As of October 1, 2010, all applicants for Federal grants and cooperative agreements, including those that apply in paper format, are required to have Central Contractor Registration. CCR registration is also required for organizations that will receive subawards under Federal grants and cooperative agreements. CCR registration may be made online at www.ccr.gov or by phone at 1-866-606-8220.

CCR registration must be updated annually from the date of the initial registration. CCR registration is required to be active throughout the period of award. Lack of CCR registration will prevent ACF from making an award to a recommended applicant.

There is the possibility of heavy traffic at the CCR website at application due dates. Therefore, applicants are strongly encouraged to register at the CCR well in advance of the application due date. CCR registration must be updated annually. CCR registration must be active and maintained with current information at all times during which an organization has an active award or an application under consideration.

Applicants may refer to *Section VIII. Other Information* for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in *Section IV.3. Submission Dates and Times* of this announcement.

IV.3. Submission Dates and Times

Due Date for Applications: **07/06/2011**

Explanation of Due Dates
The due date for receipt of applications is listed in the *Overview* and in this section. Applications received after 4:30 p.m., eastern time, on the due date will be classified as late and will not be considered in the current competition.

Applicants are responsible for ensuring that applications are received by mail, hand-delivery, or submitted electronically well in advance of the application due date and time.

Mailed Applications

Mailed applications must be **received** no later than 4:30 p.m., eastern time, on the due date, listed in the *Overview* and in this section, at the address provided in *Section IV.6* of this announcement. Applications received after the stated due date and time will be designated as late and will disqualified from competition.

Hand-Delivered Applications

Applications that are hand-delivered by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be **received** on, or before, the due date listed in the *Overview* and in this section, between the hours of 8:00 a.m. and 4:30 p.m., eastern time, Monday through Friday (excluding Federal holidays). Applications should be delivered to the address provided in *Section IV.6.* of this announcement. Applications received after the stated due date and time will be designated as late and will disqualified from competition.

Electronically-Submitted Applications

ACF does not accommodate transmission of applications by facsimile or email. Instructions for electronic submission via www.Grants.gov may be found at the Grants.gov Registration Checklist.

Electronically-submitted applications must be **received and validated** at www.Grants.gov by 4:30 p.m., eastern time, on the due date.

Upon submission and receipt of an application via www.Grants.gov, the applicant will receive three emails:

1. Acknowledgement of the application's submission to www.Grants.gov. This email will provide a **Grants.gov tracking number**. Applicants should refer to this tracking number in all communication with Grants.gov. The email will also provide a **date and time-stamp, which serves as the official record of application submission.** The date and time-stamp must reflect a submission time on, or before, 4:30 p.m., eastern time, on the application due date for the application to be considered as meeting the due date. Applications received at Grants.gov after the due date and time will be disqualified.

2. Acknowledgement from Grants.gov that the submitted application package has passed, or failed, a series of checks and validations. Applications received on the due date that fail the validation check on, or after, 4:30 p.m., eastern time, on the due date because the Authorized Organization Representative (AOR) is not registered with the Central Contractor Registry (CCR) will be determined to be late and will not be considered for the review. Applications that do not pass the validation check at Grants.gov after the due date and time will be disqualified.

3. An additional email from ACF will be sent to the applicant indicating that the application has been

retrieved from www.Grants.gov by ACF.

Late Applications

No appeals will be considered for applications classified as late under the following circumstances:

- Hard-copy applications received after 4:30 p.m., eastern time, on the due date will be classified as late and will be disqualified.

- Electronically-submitted applications are considered late, and are disqualified, when the date and time-stamp received by email from www.Grants.gov is after 4:30 p.m., eastern time, on the due date.

- Electronically-submitted applications submitted by an AOR that does not have a current registration with the Central Contractor Registry (CCR) will be rejected by Grants.gov. Although the applicant may have an acceptable dated and time-stamped email from Grants.gov, these applications are considered late and are disqualified.

Extension/Waiver of Due Date and Receipt Time

ACF may extend an application due date and receipt time when circumstances such as natural disasters occur (floods, hurricanes, etc.); when there are widespread disruptions of mail service; or in other rare cases. The determination to extend or waive the due date and receipt time requirements rests with ACF's Chief Grants Management Officer.

Acknowledgement of Received Application

ACF will provide acknowledgement of receipt of hard copy application packages submitted via mail or courier services.

Upon submission of an application electronically via http://www.Grants.gov, the applicant will receive three emails:

1. Acknowledgement of the application's submission to Grants.gov. This email will provide a **Grants.gov tra Grants.gov tracking number**. The email will also provide a **date and time-stamp, which serves as the official record of application submission.**
2. Your application has been validated and provides a Time/Date Stamp. See the previous section on failing the validation check because of an unregistered Authorized Organization Representative (AOR).
3. An email will be sent to the applicant from ACF indicating that the application has been retrieved from Grants.gov by ACF.

IV.4. Intergovernmental Review of Federal Programs

This program is not subject to Executive Order (E.O.) 12372, "Intergovernmental Review of Federal Programs," or 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." No action is required of applicants under this announcement with regard to E.O. 12372.

IV.5. Funding Restrictions

Costs of organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions, are considered unallowable costs under grants awarded under this announcement.

Grant awards will not allow reimbursement of pre-award costs.

Construction is not an allowable activity or expenditure under this grant award.

Purchase of real property is not an allowable activity or expenditure under this grant award.

IV.6. Other Submission Requirements

Submit applications to one of the following addresses:

Submission By Mail

Robin Brocato

Office of Head Start

OHS Operations Center

c/o Lux Consulting Group

8405 Colesville Road, Suite 600

Silver Spring, MD 20910

Hand Delivery

Office of Head Start

OHS Operations Center

c/o Lux Consulting Group

8405 Colesville Road, Suite 600

Silver Spring, MD 20910

Electronic Submission

See *Section IV.2* for application requirements and for guidance when submitting applications electronically via http://www.Grants.gov.

For all submissions, see *Section IV.3* for information on due dates and times.

V. Application Review Information

V.1. Criteria

Applications competing for financial assistance will be reviewed and evaluated using the criteria described in this section. The corresponding point values indicate the relative importance placed on each review criterion. Points will be allocated based on the extent to which the application proposal addresses each of the criteria listed. Applicants should address these criteria in their application materials, particularly in the project description and budget justification, as they are the basis upon which competing applications will be judged during the objective review. The required elements of the project description and budget justification may be found in *Section IV.2* of this announcement.

Objectives and Need for Assistance	Maximum Points: 10

The evaluation of this criterion will be based on the extent to which the applicant's proposal:

- Demonstrates knowledge of the existing needs for T/TA to improve the quality of health, mental health, oral health, and nutrition in HS;
- Describes objectives appropriate for the project's goal of improving the quality of health, mental health, oral health, and nutrition in order to improve outcomes for children and families; and

- Describes the anticipated results and benefits of this project.

Approach	Maximum Points: 35

The evaluation of this criterion will be based on the extent to which the applicant's proposal includes:

- Innovative approaches for implementing all aspects of the work of the Center, including a multi-year plan for creating materials and training delivery based on current research related to health, mental health, oral health, and nutrition for children;
- Procedures for developing, adapting or modifying existing OHS health, oral health, mental health or nutrition materials that are culturally and linguistically responsive and relevant to the needs of Head Start programs;
- Clearly stated goals and objectives for each of the planned activities. Goals and objectives are carefully justified, relevant, directly address the Center's primary goals, and clearly lead to enhanced outcomes;
- Procedures for working cooperatively with OHS, OCC, the other National Centers, HHS agencies, and the early childhood partners within the states when such efforts are beneficial to HS children and families;
- Responsiveness to the diversity in languages and cultural groups represented in HS children and families;
- Methods for the development of materials and their justification, (i.e., training materials, fact sheets, reports, presentations) so that they are that are relevant to HS audiences and early childhood programs within the States;
- Criteria for selection of current research-based practices and strategies from the field and link to goals and objectives; and
- Logistics, communication, and organizational plans.

Organizational Capacity	Maximum Points: 35

The evaluation of this criterion will be based on the extent to which the applicant's proposal demonstrates:

- High-level knowledge and expertise in theories and practices that promote the development and maintenance of sound health, mental health, oral health, and nutrition practices and operations that result in quality services and ongoing efforts towards continuous improvement practices;
- Mastery of Federal requirements that govern HS/EHS programs in the areas of health, mental health, oral health, and nutrition;
- Expertise in the areas of practice identified in Section I. Funding Opportunity Description *Requirements for Center*;
- Key staff have experience and expertise in working with culturally and linguistically diverse populations, and are reflective of the diverse agencies to be served;
- Key staff and consultants have a high level of professional knowledge and skills to all activities;
- Key staff and consultants have expertise producing high-quality training materials and reports;
- Capacity for working collaboratively and cooperatively with OHS, State T/TA Center staff, and early education systems within the States;

- Capacity to plan and nationally disseminate T/TA resources; and
- Staff or consultants hired for translation or interpretation are highly qualified and have an understanding of early education and its terminology.

Budget and Budget Justification	Maximum Points: 20

The evaluation of this criterion will be based on the extent to which the proposal:

- Project costs are reasonable, appropriately allocated, and sufficient to implement the objectives, design, and dissemination plan;
- Budget costs are sufficiently detailed and justified according to the needs and time frame for carrying out the proposed Center activities;
- Budget costs provide for required meetings, travel, and methods for successfully carrying out the mission of the Center; and
- Budget provides for activities to support ongoing, as well as, emerging programmatic needs that are consistent with the Center's goals, and the goals and needs of OHS.

V.2. Review and Selection Process

No grant award will be made under this announcement on the basis of an incomplete application. No grant award will be made to an applicant that does not have active CCR registration (www.ccr.gov or 1-866-606-8220).

Initial ACF Screening

Each application will be screened to determine whether it was received by the closing date and time and whether the requested amount exceeds the award ceiling. Applications that are designated as late according to *Section IV.3. Submission Dates and Times,* or those with requests that exceed the award ceiling, stated in *Section II. Award Information,* will receive a screen-out letter noting that the application was deemed non-responsive and will not be considered for competitive review or funding under this announcement.

Objective Review and Results

Applications competing for financial assistance will be reviewed and evaluated by objective review panels using the criteria described in *Section V.1* of this announcement. Each panel is made up of experts with knowledge and experience in the area under review. Generally, review panels are composed of three reviewers and one chairperson.

Results of the competitive objective review are taken into consideration by ACF in the selection of projects for funding; however, objective review scores and rankings are not binding. They are one element in the decision-making process.

ACF may elect not to fund applicants with management or financial problems that would indicate an inability to successfully complete the proposed project. Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested. ACF reserves the right to consider preferences to fund organizations serving emerging, unserved, or under-served populations, including those populations located in pockets of poverty. ACF will also consider the geographic

distribution of Federal funds in its award decisions.

Applications will be reviewed against the evaluation criteria described in *Section V.1. Criteria* of this announcement. The review will be conducted by one or more panels of reviewers who are knowledgeable about health, oral health, nutrition, mental health, HS programs, and public health. Each panel is composed of three reviewers and one chair. The results of the competitive review will be taken into consideration by ACF in deciding the project to be funded but are not in themselves binding.

ACF reserves the right to deny funding to any applicant that is presently designated as "high risk," or has received a summary suspension of financial assistance under Section 646 of the Head Start Act (42 U.S.C. 9841), or has been debarred, or whose financial assistance has been terminated by any Federal agency. ACF may elect not to fund applicants that have management or financial problems that make it unlikely the applicant would be able to provide effective services.

Approved but Unfunded Applications

Applications recommended for approval that were not funded under the competition because of the lack of available funds, may be held over by ACF and re-considered in a subsequent review cycle if a future competition under the program area is planned. These applications will be held over for a period of up to one year and will be re-competed for funding with all other competing applications in the next available review cycle.

V.3. Anticipated Announcement and Award Dates

Announcement of awards and the disposition of applications will be provided to applicants at a later date.

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will be notified through the issuance of a Financial Assistance Award (FAA) document that sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. The FAA will be signed by the Grants Officer and transmitted via postal mail. Following the finalization of funding decisions, organizations whose applications will not be funded will be notified by letter, signed by the Program Office head.

VI.2. Administrative and National Policy Requirements

Awards issued under this announcement are subject to the uniform administrative requirements and cost principles of 45 C.F.R. Part 74 (Awards And Subawards To Institutions Of Higher Education, Hospitals, Other Nonprofit Organizations, And Commercial Organizations) or 45 C.F.R. Part 92 (Grants And Cooperative Agreements To State, Local, And Tribal Governments). The Code of Federal Regulations (C.F.R.) is available at http://www.gpoaccess.gov/cfr.

An application funded with the release of Federal funds through a grant award, does not constitute, or imply, compliance with Federal regulations. Funded organizations are responsible for ensuring that their activities comply with all applicable Federal regulations.

Prohibition Against Profit

Grantees are subject to the limitations set forth in 45 C.F.R. Part 74, Subpart E-Special Provisions for

Awards to Commercial Organizations (45 C.F.R. Part 74.81_Prohibition against profit), which states that, "... no HHS funds may be paid as profit to any recipient even if the recipient is a commercial organization. Profit is any amount in excess of allowable direct and indirect costs."

Equal Treatment for Faith-Based Organizations

Grantees are also subject to the requirements of 45 C.F.R. Part 87.1(c), Equal Treatment for Faith-Based Organizations, which says, "Organizations that receive direct financial assistance from the Department under any Department program may not engage in inherently religious activities such as religious instruction, worship, or proselytization as part of the programs or services funded with direct financial assistance from the Department." Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program.

A faith-based organization receiving HHS funds retains its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs. For example, a faith-based organization may use space in its facilities to provide secular programs or services funded with Federal funds without removing religious art, icons, scriptures, or other religious symbols. In addition, a faith-based organization that receives Federal funds retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents in accordance with all program requirements, statutes, and other applicable requirements governing the conduct of HHS funded activities.

Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against Federal funding of inherently religious activities, and additional information on "Understanding the Regulations Related to the Faith-Based and Community Initiative" are available at http://www.hhs.gov/fbci/regulations/index.html.

The Code of Federal Regulations (C.F.R.) is available at http://www.gpoaccess.gov/cfr.

Award Term and Condition under the Trafficking Victims Protection Act of 2000

Awards issued under this announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/grants/award_term.html. If you are unable to access this link, please contact the Grants Management Contact identified in Section VII. Agency Contacts of this announcement to obtain a copy of the Term.

HHS Grants Policy Statement

The HHS Grants Policy Statement (HHS GPS) is the Department of Health and Human Services' single policy guide for discretionary grants and cooperative agreements. ACF grant awards are subject to the requirements of the HHS GPS, which covers basic grants processes, standard terms and conditions, and points of contact, as well as important agency-specific requirements. Appendices to the HHS GPS include a glossary of terms and a list of standard abbreviations for ease of reference. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary that are specified in the Financial Assistance Award (FAA). The HHS GPS is available at http://www.acf.hhs.gov/grants/grants_related.html.

VI.3. Reporting

Grantees under this announcement will be required to submit performance progress and financial reports periodically throughout the project period. The frequency of required reporting is listed later in this section. Final reports may be submitted in hard copy to the Grants Management Office Contact listed in *Section VII. Agency Contacts* of this announcement. Instructions on submission of reports electronically will be provided with award documents.

Performance Progress Reports (PPR)

In FY 2009, most ACF grantees began using a standard form for required performance progress reporting (PPR). At a minimum, grantees are required to submit the ACF-OGM SF-PPR, which consists of the ACF-OGM SF-PPR Cover Page and the Program Indicators-Attachment B. ACF Programs that utilize reporting forms or formats in addition to, or instead of, the ACF-OGM SF-PPR have listed the reporting requirements later in this section.

Grant award documents will inform grantees of the appropriate performance progress report form or format to use. Grantees should consult their award documents to determine the appropriate performance progress report format required under their award. Performance progress reports are due 30 days after the end of the reporting period.

Final program performance reports are due 90 days after the close of the project period. The ACF-OGM SF-PPR may be found at http://www.acf.hhs.gov/grants/grants_resources.html.

Federal Financial Reports (FFR)

As of February 1, 2011, the Department of Health and Human Services (HHS) began the transition from use of the SF-269, Financial Status Report (Short Form or Long Form) to the use of the SF-425 Federal Financial Report for expenditure reporting. SF-269s will no longer be accepted for expenditure reports due after that date. If an SF-269 is submitted, the Administration for Children and Families (ACF) will return it and require the recipient to complete the SF-425.

The transition strategy is allowing individual HHS Operating Divisions to select--from a limited number of options--the approach that best fits their programs and business process. This transition does not affect completion or submission of the cash reporting to the HHS Division of Payment Management's Payment Management System (PMS). The primary features of this transition for recipients are that OPDIVs that previously required electronic submission of the SF-269 will receive the SF-425 expenditure reports electronically and, until further notice, OPDIVs that have been receiving expenditure reports in hard copy will continue to do so.

All expenditure reports will be due on one of the standard due dates by which cash reporting is required to be submitted to PMS OR at the end of a calendar quarter as determined by the Operating Division. As a result, a recipient that receives awards from more than one OPDIV may be subject to more than one approach, but will not be required to change its current means of submission or be subjected to more than eight standard due dates.

Beginning with budget periods which end from January 1 - March 31, 2011, and for all budget periods thereafter, all affected ACF grantees will be required to submit an SF-425 report as frequently as is required in the terms and conditions of their award using due dates for reports to PMS.

For budget periods ending in the months of:	The FFR (SF-425) is due to ACF on:
January 01 through March 31	April 30
April 01 through June 30	July 30

July 01 through September 30   October 30
October 01 through December 31   January 30

Fillable versions of the SF-425 form in Adobe PDF and MS-Excel formats, along with instructions, are available at http://www.whitehouse.gov/omb/grants_forms, www.forms.gov, and on the ACF Funding Opportunity website Forms page.

Further instructions will be provided, as necessary, with award terms and conditions that will address specific reporting periods and due dates on an award-by-award basis.   Additional information on frequency of reporting is available on the ACF Funding Opportunities web site at http://www.acf.hhs.gov/grants/msg_sf425.html.

For planning purposes, reporting periods for awards made under this announcement are as follows:

Program Progress Reports: Quarterly
Financial Reports: Quarterly

Awards issued as a result of this funding opportunity may be subject to the Transparency Act subaward and executive compensation reporting requirements of 2 C.F.R. Part 170. See ACF's **Award Term for Federal Financial Accountability and Transparency Act (FFATA) Subaward and Executive Compensation Reporting Requirement** implementing this requirement and additional award applicability information.

VII. Agency Contacts

Program Office Contact

Robin Brocato
Administration for Children and Families
Office of Head Start
Education and Comprehensive Services Division
Portals Building
1250 Maryland Ave. SW.
Washington, DC 20024
Phone: (202) 205-9903
Email: Robin.Brocato@ACF.hhs.gov

Office of Grants Management Contact

David Kadan
ACF Grants Management Officer
Administration for Children and Families
Aerospace Building - 6th Floor East
370 L'Enfant Promenade, SW.
Washington, DC 20447
Phone: (202) 401-5513
Email: ACFOGME-Grants@acf.hhs.gov

Federal Relay Service:
Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (**TTY** - Text Telephone or **ASCII** - American Standard Code For Information Interchange).

VIII. Other Information

NOTICE: **ACF intends to implement all electronic application submission via www.Grants.gov for applications for discretionary awards in FY 2012. For applicants without Internet access, or those without the computer capacity to upload large documents, ACF will offer a waiver procedure. In 2011, ACF will post a *Federal Register* notice soliciting public comment on the intended move to all electronic application submission via www.Grants.gov for applicants for discretionary awards.**

Reference Websites

U.S. Department of Health and Human Services (HHS) on the Internet http://www.hhs.gov/.

Administration for Children and Families (ACF) on the Internet http://www.acf.hhs.gov/.

Administration for Children and Families - ACF Funding Opportunities homepage   http://www.acf.hhs.gov/grants/.

Catalog of Federal Domestic Assistance (C.F.D.A.) https://www.cfda.gov/.

Code of Federal Regulations (C.F.R.) http://www.gpo.gov/fdsys.

United States Code (U.S.C) http://www.gpoaccess.gov/uscode/.

All required Standard Forms, assurances, and certifications are available on the ACF Forms page at http://www.acf.hhs.gov/grants/grants_resources.html.

Grants.gov Forms Repository webpage at http://www.grants.gov/agencies/aforms_repository_information.jsp.

Versions of other Standard Forms (SFs) are available on the Office of Management and Budget (OMB) Grants Management Forms web site at http://www.whitehouse.gov/omb/grants_forms/.

For information regarding accessibility issues, visit the Grants.gov Accessibility Compliance Page at http://www07.grants.gov/aboutgrants/accessibility_compliance.jsp

Sign up to receive notification of ACF Funding Opportunities at www.Grants.gov http://www.grants.gov/applicants/email_subscription.jsp.

 Head Start Program Performance Standards

 http://eclkc.ohs.acf.hhs.gov /hslc /Head%20Start%20Program /Program%20Design%20and%20Management /Head%20Start%20Requirements /Head%20Start%20Requirements

 Head Start Act

http://eclkc.ohs.acf.hhs.gov/hslc /Head%20Start%20Program

/Program%20Design%20and%20Management /Head%20Start%20Requirements /Head%20Start%20Act

ECLKC

http://eclkc.ohs.acf.hhs.gov /hslc

Head Start Road Map to Excellence

http://eclkc.ohs.acf.hhs.gov /hslc/Head%20Start%20Program /Initiatives/roadmap /Head_Start_Roadmap_to_Excellence.pdf

Agency for Healthcare Research and Quality (AHRQ)

www.ahrq.gov

Health Resources and Services Administration (HRSA)

www.hrsa.gov

Centers for Disease Control and Prevention (CDC)

www.cdc.gov

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

www.fns.usda.gov/wic

Application Checklist

Applicants may use the checklist below as a guide when preparing your application package.

What to Submit	Where Found	When to Submit
Central Contractor Registration (CCR)	Referenced in Section IV.2. of the announcement. Go to www.ccr.gov to register.	Required for all applicants. CCR registration must be active by time of award.
DUNS Number (Universal Identifier)	Referenced in Section IV.2. of the announcement. Go to http://fedgov.dnb.com/webform to obtain DUNS Number.	Required in application submission.
SF-424A - Budget Information - Non-Construction Programs SF-424B - Assurances - Non-Construction Programs	Referenced in Section IV.2. and found at http:// www.acf.hhs.gov /grants/grants_resources.html.	Submission is due by the application due date found in the Overview and in Section IV.3.

SF-424 - Application for Federal Assistance SF-P/PSL - Project/Performance Site Location(s)	Referenced in Section IV.2. and found at http:// www.acf.hhs.gov/ grants/grants_resources.html and at the Grants.gov Forms Repository at http://www.grants.gov/ agencies/ aforms_repository_information.jsp.	Submission is due by the application due date found in the Overview and in Section IV.3.
Table of Contents	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.
Project Summary/Abstract	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.
Project Description	Referenced in Section IV.2. of the announcement.	Submission is due by the application due date found in the Overview and in Section IV.3.
Budget and Budget Justification	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.
Third-Party Agreements	Referenced in Section IV.2. of the announcement under "Project Description."	If available, submission is due by the application due date found in the Overview and in Section IV.3. If not available at the time of application submission, due by the time of award.
Letters of Support	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.
Proof of Non-Profit Status	Referenced in Section IV.2. of the announcement under "Legal Status of Applicant Entity" in the "Project Description."	Submission is due prior to award.

Certification Regarding Lobbying	Referenced in Section IV.2. of the announcement and found at http://www.acf.hhs.gov/grants/grants_resources.html.	Submission is due prior to award.
SF-LLL - Disclosure of Lobbying Activities, if applicable	"Disclosure Form to Report Lobbying" is referenced in Section IV.2. and found at http://www.acf.hhs.gov/grants/grants_resources.html. Submission of this form is required if any funds have been paid, or will be paid, to any person for influencing, or attempting to influence, an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan.	If applicable, submission is due prior to award.
Survey on Ensuring Equal Opportunity for Applicants	Non-profit private organizations (not including private universities) are encouraged to submit the survey with their applications. Applicants using a hard copy application, place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with the application package. Applicants applying electronically, may submit this survey along with the application. The survey is referenced in Section IV.2. of the announcement. The survey may be found at http://www.acf.hhs.gov/grants/grants_resources.html.	Submission is voluntary. Submission may be made with the application or prior to award.

Appendices